

TRANSCRIPT ORDER FORM			
1. REQUESTOR'S INFORMATION			
NAME Maureen F. Gleason, Esq.		TELEPHONE NUMBER (681) 265-3802	
DATE OF REQUEST June 3, 2024	EMAIL ADDRESS (Transcript will be emailed to this address.) mgleason@hfdrlaw.com; hsealey@hfdrlaw.com		
MAILING ADDRESS PO Box 3983		CITY, STATE, ZIP CODE Charleston, WV 25339	
2. TRANSCRIPT REQUESTED			
NAME OF COURT REPORTER			
<u>OR</u> CHECK HERE <input checked="" type="checkbox"/> IF HEARING WAS RECORDED ELECTRONICALLY (CourtSmart)			
CASE NUMBER 5:23-cv-530	CASE NAME Sheppheard, et al. v. Justice, et al.	JUDGE'S NAME Hon. Cheryl A. Eifert	
DATE OF PROCEEDING May 31, 2024	TYPE OF PROCEEDING Motion Hearing	LOCATION OF PROCEEDING Huntington	
REQUEST IS FOR: (Select one) <input checked="" type="checkbox"/> FULL PROCEEDING <u>OR</u> <input type="checkbox"/> SPECIFIC PORTION (Must specify below)			
SPECIFIC PORTION(S) REQUESTED (If applicable):			
ADDITIONAL INSTRUCTIONS TO AID IN PREPARATION OF THE TRANSCRIPT:			
3. TYPE OF TRANSCRIPT REQUESTED		Maximum Rate Per Page	
Transcript Type	Original	First Copy to Each Party	Each Add'l Copy
30-Day Transcript (Ordinary): A transcript to be delivered within thirty (30) days after receipt of order.	<input type="checkbox"/> \$4.00	<input type="checkbox"/> \$1.00	<input type="checkbox"/> \$0.60
14-Day Transcript: A transcript to be delivered within fourteen (14) days after receipt of order.	<input type="checkbox"/> \$4.70	<input type="checkbox"/> \$1.00	<input type="checkbox"/> \$0.60
7-Day Transcript (Expedited): A transcript to be delivered within seven (7) days after receipt of order.	<input type="checkbox"/> \$5.35	<input type="checkbox"/> \$1.00	<input type="checkbox"/> \$0.60
3-Day Transcript: A transcript to be delivered within three (3) days after receipt of order.	<input checked="" type="checkbox"/> \$6.00	<input type="checkbox"/> \$1.20	<input type="checkbox"/> \$0.75
Next-Day Transcript (Daily): A transcript to be delivered prior to the normal opening hour of the Clerk's Office on the calendar day following receipt of the order, regardless of whether or not that calendar day is a weekend or holiday.	<input type="checkbox"/> \$6.70	<input type="checkbox"/> \$1.35	<input type="checkbox"/> \$0.90
CD of electronically recorded proceeding	<input type="checkbox"/> \$34.00		
4. CERTIFICATION: By signing below, I certify that I will pay all charges (deposit plus additional).			
DATE 6/3/24	SIGNATURE /s/ Maureen F. Gleason		